



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH WHITE MEMORIAL HOSPITAL

City of Hospital: Monticello

Year Begin: 07/01/2011 (mm/dd/yyyy format)

Year End: 12/31/2011 (mm/dd/yyyy format)

Medicare Provider Number: Monticello

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$4696000
Outpatient Patient Service Revenue	\$22248000
Total Gross Patient Service Revenue	\$26944000

#### 2. Deductions From Revenue

Contractual Allowance	\$12259000
Other Deductions	\$598000
Total Deductions	\$12857000

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$12314000
Other Operating Revenue	\$975000
Total Operating Revenue	\$13289000

#### 4. Operating Expenses

Salaries and Wages	\$4852000	Employee Benefits	\$862000
Depreciation and Amortization	\$768000	Interest Expense	\$395000
Bad Debt	\$1773000	Other Expenses	\$5513000
Total Operating Expenses	\$14163000		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$899000	Total Assets	\$45565000
Net Non-operating Gains over Loss	\$4634000	Total Liabilities	\$38811000
Total Net Gains	\$5533000		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$12521000	\$6481000	\$6040000
Medicaid	\$3583000	\$3590000	\$-7000
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$10840000	\$2188000	\$8652000
Total	\$26944000	\$12259000	\$14685000

### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$31000	\$31000	\$0

### Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

### Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$9000	\$-9000
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	

### Statement Six: Charity Statement

Hospital Charity Charges	\$275000
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$275000	
HCI Payments	\$0		
Subtotal	\$0	\$275000	\$-275000
Medicaid Shortfalls	\$0	\$1679000	
Subtotal	\$0	\$1954000	\$-1954000
DSH Payments	\$0		
Subtotal	\$0	\$1954000	\$-1954000
Medicare Shortfalls	\$0	\$-602000	
Other Government Programs	\$0	\$0	
Total	\$0	\$1352000	\$-1352000

### Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$17000	\$-17000
Community Assessment	\$0	\$1	\$-1
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0